

Case Number:	CM15-0024913		
Date Assigned:	02/17/2015	Date of Injury:	03/14/1988
Decision Date:	03/31/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Florida
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old male, who sustained an industrial injury on March 14, 1988. The diagnoses have included chronic pain syndrome, degeneration of lumbar intervertebral disc and post laminectomy syndrome. A progress note dated January 20, 2015 provided the injured worker complains of muscle pain. Physical exam notes low back tenderness with flexion 45 degrees and extension 20 degrees with painful range of motion (ROM). On January 27, 2015 utilization review modified a request for Hydrocodone/acetaminophen 10/325mg #120 with 1 refill and non-certified a request for Ondansetron HCL 4mg #180 and lumbar medial branch block. The Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated February 6, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Hydrocodone/acetaminophen 10/325mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115. Page(s): Criteria for use of opioids, page(s) 110-.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Regarding this patient's case, there is no documentation of objective functional improvement with the requested narcotic chronic pain medication. Likewise, this request is not considered medically necessary.

Ondansetron HCL 4mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Zofran.

Decision rationale: The California MTUS guidelines do not address the usage of Ondansetron. Likewise, the ODG guidelines were utilized in making this determination. The ODG guidelines state that Zofran is FDA approved for gastroenteritis, chemotherapy and radiation induced nausea and vomiting, and in the immediate postoperative period. Records do not indicate that this patient has any of the aforementioned conditions. Likewise, this request for Zofran is not medically necessary.

Lumbar medial branch block: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Thoracic & Lumbar

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Occupational medicine practice guidelines Page(s): 300-301.

Decision rationale: MTUS guidelines state regarding Medial branch blocks, "There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." It would appear from the records provided that initially a rhizotomy procedure was requested, but

was turned down by utilization review since the patient had not had a medial branch block procedure performed. Therefore, this patient's physician went ahead and requested the medial branch block procedure so that insurance would hopefully then cover the eventual repeat rhizotomy procedure. This patient has previously had successful rhizotomy procedures performed with good results. He had 60-70% relief in pain and the results lasted for 7 months. Now, it appears that utilization review has turned down a request for the medial branch block. Their rationale states that the level of pain relief derived from the first time the procedure was performed was not documented. The documentation that this Independent Medical Reviewer possess clearly states that the patient derived upwards of 70% of pain relief from two prior rhizotomy procedures. MTUS guidelines have been satisfied, and this procedure is considered medically necessary.